

Videotape Release Form

I agree to participate in the study conducted and videotaped by the [Agency].

I understand and consent to the use and release of the videotape by [Agency]. I understand that the information and videotape is for research purposes only and that my name and image will not be used for any other purpose. I relinquish any rights to the videotape and understand the videotape may be copied and used by [Agency] without further permission.

I understand that I can leave at any time.

I agree to immediately raise any concerns or areas of discomfort with the study administrator.

Your signature: _____

Date: _____

Please print your name: _____

Thank you!

We appreciate your participation.